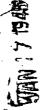
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH TLY. PHYSICIANS should OCCUPATION is very important Registration District No...... File No. Primary Registration District No. Registered No..... (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? mos. ds. stated EXAC statement of PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) hat I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED should be sed. Exact s HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at AGE short classified. 6. DATE OF BIRTH (MONTH, DAY, The principal cause of death and related causes LESS than 1 of importance were as follows: 7. AGE YEARS day, .....hrs. or .....min Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... ld be carefully supplied that it may be properly 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at Total time (years) this occupation (month and spent in this Other contributory causes of importance: occupation .... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S 13. NAME N. B.—Every item of information sh CAUSE OF DEATH in plain terms, What test confirmed diagnosis? Xrey Opetu Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (ADDRESS) Registrar.



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